MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/684026	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2				/			52		/				
3				/			53		/				
4							54		/				
5							55		/				
6							56		/				
7				/			57	/					
8				/			58						
9				/			59						
10							60		/				
11							61		/				
12							62		/				
13							63						
14							64						
15				/			65		/				
16				/			66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72		/				
23							73		/				
24				/			74	/					
25				/			75		/				
26				/			76		/				
27							77		/				
28							78		/				
29							79		/				
30							80		/				
31							81		/				
32							82		/				
33							83		/				
34				/			84		/				
35				/			85		/				
36							86		/				
37				/			87						
38				/			88						
39							89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46			/				96						
47							97						
48							98						
49				/			99						
50				/			100						
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	48					
TOTAL CLAIMS							TOTAL CLAIMS	52					